



Vision Care

July 2006 • Bulletin 341

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Stop Fraud Flyer

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New Eye Appliance Codes

Effective for dates of service on or after August 1, 2006, the following HCPCS codes for eye appliances are Medi-Cal benefits with a 50-3 *Treatment Authorization Request* (TAR), and must be billed with either modifier -NU (new equipment) or -RP (repair/replacement). Prior authorization requests for the eye appliances listed below must be submitted using the 50-3 TAR form along with supporting medical justification. If authorized, the eye appliance must be fabricated at a non-Prison Industry Authority optical laboratory.

HCPCS

Code

Description

| | |
|-------|--|
| V2025 | Deluxe frame |
| V2199 | Not otherwise classified; single vision lens |
| V2299 | Specialty bifocal |
| V2399 | Specialty trifocal |
| V2499 | Variable sphericity lens, other type |
| V2702 | Deluxe lens feature |
| V2750 | Antireflective coating, per lens |
| V2760 | Scratch resistant coating, per lens |
| V2761 | Mirror coating, any type, solid, gradient or equal, any lens material, per lens |
| V2762 | Polarization, any lens material, per lens |
| V2781 | Progressive lens, per lens |
| V2782 | Lens, index 1.54 to 1.65 plastic or 1.60 to 1.79 glass, excludes polycarbonate, per lens |
| V2783 | Lens, index greater than or equal to 1.66 plastic or greater than or equal to 1.80 glass, excludes polycarbonate, per lens |
| V2784 | Lens, polycarbonate or equal, any index, per lens |
| S0500 | Disposable contact lens, per lens |
| S0512 | Daily wear specialty contact lens, per lens |
| S0514 | Color contact lens, per lens |
| S0516 | Safety eyeglass frames |

Please see New Eye Appliance Codes, page 2

New Eye Appliance Codes (continued)

Most of the codes on the previous page will be manually priced and reimbursed “By Report”; therefore, claims require an attached invoice or catalog page. HCPCS codes V2750, V2760 and V2762 are priced as follows and do not require an invoice or catalog page:

| <u>HCPCS</u> | |
|--------------|-----------------------|
| <u>Code</u> | <u>Price Per Lens</u> |
| V2750 | \$ 15.33 |
| V2760 | 13.70 |
| V2762 | 37.54 |

The updated information is reflected on manual replacement pages contact lens 3 (Part 2), eye app 2, 7 and 11 (Part 2), eyeglass fram 2 (Part 2), eyeglass lens 3 and 4 (Part 2), modified vc 3 and 4 (Part 2), rates max eye app 4 thru 7 (Part 2) and tar comp vc 2 and 3 (Part 2).

Polycarbonate Lens Benefit Update

Effective for dates of service on or after August 1, 2006, HCPCS code V2784 (lens, polycarbonate or equal, any index, per lens) can be fabricated at the Prison Industry Authority (PIA) optical laboratories as a non-*Treatment Authorization Request* (TAR) benefit for recipients younger than 18 years of age.

Because polycarbonate lenses are fabricated at the PIA laboratories, dispensing optical providers should continue to bill only lens dispensing fees (CPT-4 codes 92340, 92341, 92342, 92352 or 92353) when these lenses are prescribed for recipients younger than 18 years of age.

For Medi-Cal recipients 18 years of age or older and for those instances when the polycarbonate lenses cannot be fabricated at the PIA laboratory for recipients younger than 18 years of age, a TAR is always required and must be submitted using the 50-3 *Treatment Authorization Request* (TAR) form.

When submitting claims for lenses approved by a TAR, providers must include an invoice or catalog page documenting the wholesale cost of the polycarbonate lenses with the claim for manual pricing and payment. HCPCS code V2784 must be billed with modifiers -NU (new equipment) or -RP (repair/replacement).

Services approved by California Children’s Services/Genetically Handicapped Persons Program (CCS/GHPP) and billed with code V2784 follow the same pricing guidelines as those used by the Medi-Cal program.

When prior authorization is required, providers must document medical necessity according to the following criteria:

- Visual impairment either in one or both eyes. Visual impairment is defined as:
 - Visual acuity with optimal correction equal to or poorer than 0.30 decimal notation or 20/60 Snellen, or equivalent at specified distances; or
 - Visual field limited to 10 degrees or less from the point of fixation in any direction.
- Lens power in at least one meridian of 10 diopters or more and the eyeglasses are not functional in regular standard glass or plastic lens materials due to weight, thickness and aberration
- Amblyopia due to strabismus or anisometropia
- Children at risk of amblyopia due to uncorrected refractive error

Please see Polycarbonate Lens, page 3

Polycarbonate Lens (*continued*)

- Justifiable medical and/or physical conditions that put them at higher risk for injuries (for example, patients with cerebral palsy, multiple sclerosis, seizures, epilepsy, autism, Down's Syndrome, Attention Deficit Disorder, brain trauma, physical handicap, etc.)

Note: The last criteria above may not be used by CCS/GHPP when authorizing the above benefits.

The updated information is reflected on manual replacement pages eyeglass lens 7 (Part 2) and rates max eye app 7 (Part 2).



July 1, 2006 Vision Care Cut-Off Date for Proprietary and Non-HIPAA Standard Electronic Formats Reminder

On July 1, 2006, the California Department of Health Services (CDHS) discontinued the Vision CMC proprietary claims transaction format regardless of the date services were performed. All electronically submitted vision claims must now be in the HIPAA-compliant ASC X12N 837 v.4010A1 format. To bill vision services for dates of service on or after July 1, 2006, providers have the following three options.

Paper Claims

The option to bill by paper is available for CMC providers who were unable to convert to the 837 transaction format prior to July 1, 2006. In addition, because the *Payment Request for Vision Care and Appliances* (45-1) claim form was eliminated on July 1, 2006, paper claims with dates of service on or after July 1, 2006 must be billed on the *HCFA 1500* claim form. The 45-1 must be used for claims with dates of service prior to July 1, 2006. There is also a new *50-3 Treatment Authorization Request* (TAR) form that must be used to request prior authorization for medically necessary contact lenses and services, low vision aids and non-PIA covered eye appliances for dates of service on or after July 1, 2006.

Electronic Claim Submission Using the Internet

Providers who successfully completed the *Medi-Cal Telecommunications Provider and Biller Application/Agreement* (DHS 6153) and test claims may bill electronically on the HIPAA-compliant 837 transaction.

When converting to the 837 transaction, the Vision Data Specifications should be used for claims with dates of service prior to July 1, 2006. For dates of service on or after July 1, 2006, the Medical Data Specifications (part of the *837 v.4010A1 Health Care Claim Companion Guide*) has been updated to include the required segments for vision claims.

The companion guides are available on the *ASC X12N Version 4010A1 Companion Guides and NCPDP Technical Specifications* page of the Medi-Cal Web site.

Internet Professional Claims Submission

The HIPAA-compliant *837 Internet Professional Claim Submission (IPCS) Online Claim Form* has been updated and is available for claims with dates of service on or after July 1, 2006. The IPCS system gives vision care providers an alternate method of submitting electronic claims in real-time through the Medi-Cal Web site at www.medi-cal.ca.gov. Providers who successfully completed the *Medi-Cal Point of Service (POS) Network/Internet Agreement* and *Medi-Cal Telecommunications Provider and Biller Application/Agreement* (DHS 6153) forms can bill using IPCS.

The IPCS system allows users to submit single vision service claims in real-time. The IPCS system does not perform online adjudication nor does it accept crossover claims. Claims submitted successfully receive a Claim Control Number (CCN) on the host response screen. If the IPCS system detects errors, the user will receive a "CLAIM REJECTED" message on the host response screen, and the claim can be edited to correct these errors before resubmitting. The IPCS system allows faster and more efficient data exchange between providers and CDHS.

Please refer to the *Internet Professional Claim Submission (IPCS) User Guide* for details about necessary forms and instructions.

Please see HIPAA, page 4

HIPAA (continued)

Electronic Attachments

Providers may now submit electronic 837 claims and fax their attachments. To use this new process, providers must be authorized to bill 837 v.4010A1 electronic claims. The fax process includes a *Medi-Cal Claim Attachment Control Form* (ACF), used as a coversheet for the supporting fax attachments. The ACF has a pre-printed Attachment Control Number (ACN) that submitters input on their electronic claim submission in the PWK segment of the transaction. Providers submit the electronic claim and fax the ACF along with the attachments to Medi-Cal. Each ACF and corresponding attachments require a separate fax call. Each call to the fax server must include one ACF as the first page followed by the attachment pages that correspond to that ACF. Additional ACFs and attachments must be sent as separate calls to the fax server. The number to fax attachments is 1-866-438-9377.

In addition to faxing them, providers may also mail hard copy attachments. Providers have a maximum of 30 calendar days from the date of claim submission to submit the supporting faxed or hard copy attachments. For information about how to send attachments, including the mailing address, providers may refer to the *Billing Instructions* section of the *837 Version 4010A1 Health Care Claim Companion Guide* on the Medi-Cal Web site.

Additional Resources

For more information, in-state providers may call the Telephone Service Center (TSC) at 1-800-541-5555, 8 a.m. to 5 p.m., Monday through Friday. Border providers, software vendors and out-of-state billers who bill for in-state providers should call (916) 636-1200.

CCS Service Code Groupings (SCG) Update

Retroactive for dates of service on or after July 1, 2004, a number of codes are added to the California Children's Services (CCS) Service Code Groupings (SCGs) 01, 02, 03 and 07.

In addition, code 99359 is end-dated for dates of service on or after July 1, 2006.

Reminder: SCG 02 includes all the codes in SCG 01; SCG 03 includes all the codes in SCG 01 and SCG 02; and SCG 07 includes all the codes in SCG 01. These same "rules" apply to end-dated codes.

The updated information is reflected on manual replacement pages cal child ser 5, 12 and 15 (Part 2).

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Remove and replace: cal child ser 5/6, 11/12, 15/16
contact lens 3 thru 5

Remove: eye app 1 thru 8
Insert: eye app 1 thru 11

Remove and replace: eyeglass fram 1/2

Remove: eyeglass lens 3 thru 9
Insert: eyeglass lens 3 thru 11

Remove and replace: medi non hcp 1/2 *

Remove: modif used vc 3
Insert: modif used vc 3/4

Remove: rates max eye app 3 thru 7
Insert: rates max eye app 3 thru 8

Remove and replace: tar comp vc 1 thru 4

* Pages updated due to ongoing provider manual revisions.